


<b>Issue Classification</b> 	<b>Application/Control No.</b> 10/578,839	<b>Applicant(s)/Patent under Reexamination</b> KIM ET AL.
	<b>Examiner</b> MICHELLE HORNING	<b>Art Unit</b> 1648

ISSUE CLASSIFICATION																																																
ORIGINAL					INTERNATIONAL CLASSIFICATION																																											
CLASS		SUBCLASS			CLAIMED					NON-CLAIMED																																						
424		277.1			A	61	K	35	/12				/																																			
<b>CROSS REFERENCES</b> <table border="1"> <tr> <th>CLASS</th> <th colspan="4">SUBCLASS (ONE SUBCLASS PER BLOCK)</th> </tr> <tr> <td>435</td> <td>6</td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>					CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				435	6																													C	12	Q	1	/68				/
					CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)																																										
435	6																																															
									/				/																																			
									/				/																																			
									/				/																																			
									/				/																																			
									/				/																																			
Michelle Horning 9/23/2008 (Assistant Examiner) (Date)					/Bruce Campell/ Supervisory Patent Examiner Art Unit 1648 9/23/08					<b>Total Claims Allowed: 8</b>																																						
										O.G. Print Claim(s) 1		O.G. Print Fig. none																																				
(Legal Instruments Examiner) (Date)					(Primary Examiner) (Date)																																											

<input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b>												<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
	1			31			61			91			121			151	
	2			32			62			92			122			152	
	3			33			63			93			123			153	
	4			34			64			94			124			154	
	5			35			65			95			125			155	
	6			36			66			96			126			156	
	7			37			67			97			127			157	
	8			38			68			98			128			158	
	9			39			69			99			129			159	
	10			40			70			100			130			160	
	11			41			71			101			131			161	
	12			42			72			102			132			162	
	13			43			73			103			133			163	
	14			44			74			104			134			164	
	15			45			75			105			135			165	
	16			46			76			106			136			166	
	17			47			77			107			137			167	
	18			48			78			108			138			168	
	19			49			79			109			139			169	
	20			50			80			110			140			170	
	21			51			81			111			141			171	
	22			52			82			112			142			172	
	23			53			83			113			143			173	
	24			54			84			114			144			174	
	25			55			85			115			145			175	
	26			56			86			116			146			176	
	27			57			87			117			147			177	
	28			58			88			118			148			178	
	29			59			89			119			149			179	
	30			60			90			120			150			180	
																210	